

May 8, 2006

Los Angeles County **Board of Supervisors** 

> Gloria Molina First District

TO:

Each Supervisor

Yvonne B. Burke

FROM: Second District

Bruce A. Chernof, M.D.

Acting Director and Chief Medical Officer

Zev Yaroslavsky Third District

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Fourth District

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Director of Children and Family Services

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Marvin J. Southard, D.S.W.

Department of Health Services

Director of Mental Health

Bruce A. Chernof, MD Acting Director and Chief Medical Officer SUBJECT:

IMPLEMENTATION OF MEDICAL HUB CLINICS AT

DEPARTMENT OF HEALTH SERVICES (DHS) FACILITIES

John R. Cochran III Chief Deputy Director

William Loos, MD Acting Senior Medical Officer

This is a follow-up to our March 21, 2006 Board Memo to provide your Board with a status report regarding the implementation of Medical Hub Clinics at DHS Facilities. On April 10, 2006, DCFS and DHS met with the Chief Administrative Office to discuss the funding mechanism necessary for DHS and DCFS to continue efforts to implement medical Hubs for children who are newly detained by DCFS at Harbor-UCLA Medical Center (H/UCLA), Martin Luther King Jr./Drew Medical Center (K/DMC), Olive View-UCLA Medical Center (OV/UCLA) and High Desert Multi-Service Ambulatory Care Center (HDHS).

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> > DCFS has sufficient appropriation to reimburse DHS for the expansion of Medical Hub Clinic services in its FY 2005-06 budget. The additional start-up appropriation and funding to support the program on an ongoing basis in FY 2006-07 will be included in the DHS FY 2006-07 Final Changes request, which will be presented to your Board in June 2006.

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The estimated funds requested by DHS for FY 2005-06 (\$281,000) will be transferred from DCFS' Administration Budget. This partial start-up cost will be allocated to K/DMC (\$135,000), OV/UCLA (\$91,000), and HDHS (\$55,000).

The remaining estimated start-up cost of DHS and funding by DCFS of approximately \$968,000 will be included in the FY 2006-07 Budget Request for additional start-up costs that will occur in FY 2006-07 and will be allocated to H/UCLA (\$585,000), K/DMC (\$60,000), OV/UCLA (\$185,000) and HDHS (\$138,000).

A Memorandum of Understanding (MOU) between DCFS and DHS is currently being finalized for FY 2005-06. A Departmental Service Order will be prepared by DCFS to each DHS facility for the estimated cost that will be incurred by the Hub Clinics. DHS will bill DCFS using this mechanism for start-up costs and

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unreimbursed care cost for FY 2005-06. The three departments, DCFS, DHS and DMH all have agreed to establish and implement a joint MOU for the Medical Hub Clinic program for FY 2006-07.

The children who will be initially referred by DCFS to DHS Hub Clinics are newly detained by DCFS. Newly detained children are those who have been recently taken under the custody of DCFS. These Hub Clinics will initially provide either a physical forensic evaluation for child physical or sexual abuse and mental health screening (Phase I - currently provided by all Hub Clinics), or an initial physical assessment and a mental health screening (Phase II) to children who are newly detained by DCFS. The mental health screening will link into the Specialized Foster Care Mental Health Services program that has been established by DMH. All Hub Clinics will use the same standard mental health screening tool and, if the results indicate that further assessment or treatment is required, these children will be referred into the established DMH network of community mental health providers.

Based on data provided by DCFS, it is anticipated that over 800 children per month, who are in DCFS custody, will be referred to a Hub Clinic for either: 1) a forensic evaluation for physical or sexual abuse and mental health screening, or 2) an initial physical assessment and mental health screening. Approximately 5-10% of these children will be referred solely for forensic evaluation and mental health screening. The initial groups of children to be served are:

- 1 Newly detained children who require a forensic evaluation within 72 hours; and
- 2 Newly detained children who require a Children's Health and Disability Prevention screening within 30 days of being taken into DCFS custody.

As previously described in our March 21, 2006 Board Memo, an estimated 3.7 percent of the newly detained children will have no Medi-Cal coverage and DHS will incur an unreimbursed cost for services provided. DCFS has agreed to reimburse DHS, for any unreimbursed cost.

After full implementation of Phase II and if all the Hub Clinics have reached the projected monthly caseload, DCFS and DHS will explore the feasibility of expanding the scope of services (Phase III) to provide medical services to the children in DCFS custody who:

- 1 Have an emergency health care need;
- 2 Require a second medical opinion; or
- 3 Were injured while in DCFS care and require medical treatment.

DCFS has been working with Juvenile Court to obtain court orders for children in need of these services to be referred to a DHS Hub Clinic for the required initial physical assessments. The court-ordered referrals for the initial physical assessments will be served by LAC+USC Medical Center's Violence Intervention Program and K/DMC program until such time that all the other Hubs are providing the initial physical assessments. Although K/DMC currently provides the initial physical assessment, it will require additional staff and equipment to accommodate the anticipated increase in patient volume. These additional staff items will be supported through the one-time funding from DCFS, until an ongoing revenue stream is established.

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DCFS and DHS have agreed that once Phase III has been fully implemented, both departments will explore the feasibility of expanding the program to include non-detained children who are under investigation by DCFS (Phase IV). Unlike children detained by DCFS, non-detained children are not generally Medi-Cal eligible and may have no source of payment for their care. Additionally, DHS and DCFS are working to develop a methodology by which DCFS would provide reimbursement for services provided in those instances where a child has no payer source.

Please contact anyone of us if you have any questions or need additional information.

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c: Chief Administrative Officer County Counsel Executive Officer, Board of Supervisor